

## **GUIDE TO CLOSING OUT SALE PERMITS**

Pursuant to MGL Chapter 93 Section 28A, a permit must be obtained before conducting a “closing out” or “going out of business” sale. The permit is valid for sixty days following the opening of the sale. Contact the City Clerk (617 625-6600 x4100) if you have any questions about the application process. The fee is \$50.00.

To complete the application:

1. Fill in all information requested. Sign the Acknowledgement. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the Workers’ Compensation Insurance Affidavit (In most cases, fill in the unshaded portion and sign at the bottom; if you have workers’ compensation insurance, be sure to include the name of the insurance company and the policy number).
2. Attach a complete inventory of all items to be included in the sale.
3. Attach a bond in the penal sum of \$1,000, payable to the City of Somerville, conditioned upon compliance with MGL c93 s28A.
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM
5. Submit the application and the fee to the City Clerk’s Office, 93 Highland Avenue, 617 625-6600 x4100.

# APPLICATION FOR A CLOSING OUT SALE

## City of Somerville, Commonwealth of Massachusetts

Application Fee \$50.00

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

The undersigned respectfully prays that he/she may be granted permission to operate a Closing Out Sale. This permission will only be valid in Somerville, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, and any applicable State and Federal laws.

Name of applicant \_\_\_\_\_

Street address of applicant \_\_\_\_\_

City, State, Zip of applicant \_\_\_\_\_

Telephone of applicant \_\_\_\_\_

Name of business \_\_\_\_\_

Address of business \_\_\_\_\_

Telephone of business \_\_\_\_\_

Attach a complete inventory of items to be included in the sale.

Attach a bond in the penal sum of \$1,000, payable to the City of Somerville, conditioned upon compliance with MGL c93 s28A.

Opening date of sale \_\_\_\_\_

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading will result in the forfeiture of this permit, and that I may be subject to criminal prosecution pursuant to MGL c101. I also understand that any violation of MGL c93 s28A regulating closing out sales, or the City's rules and regulations, could subject me to arrest, fine, and/or loss of this permit.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE**  
**REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

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Signature of Individual or Corporate Name (Mandatory)\*

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By: Corporate Officer (Mandatory, if a corporation)

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Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)\*\*

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

***WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.***

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: \_\_\_\_\_
2. Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_ **ORIGINAL STAMP:**

**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**600 Washington Street**  
**Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

**Please PRINT legibly**

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

state: \_\_\_\_\_

zip: \_\_\_\_\_

phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

- ☐ I am a sole proprietor and have no one working in any capacity.
- ☐ I am an employer with \_\_\_\_\_ employees (full & part time).
- ☐ I am an employer providing workers' compensation for my employees working on this job.

**Business Type:**

- ☐ Retail      ☐ Restaurant/Bar/Eating Establishment
- ☐ Office      ☐ Sales (including Real Estate, Autos etc.)
- ☐ Other \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_

policy #: \_\_\_\_\_

- ☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_

**phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_

**policy #:** \_\_\_\_\_

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_

**phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_

**policy #:** \_\_\_\_\_

**Attach additional sheet if necessary**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**official use only      do not write in this area      to be completed by city or town official**

**city or town:** \_\_\_\_\_ **permit/license #:** \_\_\_\_\_

☐ check if immediate response is required

**contact person:** \_\_\_\_\_ **phone #:** \_\_\_\_\_

(revised Sept. 2003)

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other \_\_\_\_\_